

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11693**
Registrar's No. **657**

FILED MAR 26 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541**

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY OR TOWN Clayton c. LENGTH OF STAY (in this place) 2-yrs.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis c. CITY OR TOWN Clayton 4452 d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) # 19 Southmoor	
3. NAME OF DECEASED (Type or Print) Otto DeDonato		4. DATE OF DEATH (Month) (Day) (Year) March 7, 1956	

5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Aug. 6, 1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Days 7	IF UNDER 18 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-Beauty Parlor		10b. KIND OF BUSINESS OR INDUSTRY Beautician		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Florian DeDonato	13b. MOTHER'S MAIDEN NAME Theresa Keating	14. NAME OF HUSBAND OR WIFE Mrs. Coreen DeDonato
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War # 1	16. SOCIAL SECURITY NO. 490-38-6271	17. INFORMANT'S SIGNATURE OR NAME Mrs. Coreen DeDonato
		ADDRESS # 19 Southmoor, Clayton

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	INTERVAL BETWEEN ONSET AND DEATH 14 days
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22, 1956, to 3/7, 1956, that I last saw the deceased alive on 3/7, 1956, and that death occurred at 11 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Alfred Feldman M.D.	23b. ADDRESS 634 70th Grand	23c. DATE SIGNED 3/8/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE March 10, 1956	24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 3-8-56	REGISTRAR'S SIGNATURE <i>Herbert B. Blomquist</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Donnelly</i>
		ADDRESS 3840 Lindell Blvd.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by ~~me~~ or by me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. J. [Signature].....

Licensed Embalmer No. 46.....

P. O. Address 3840 7.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.